

Child and Adolescent Needs and Strengths (CANS) Massachusetts

For Children and Youth ages *Birth through Four*

This document contains:

- Form for Identifying Children / Adolescents with Serious Emotional Disturbances (SED)
- Item coding definitions (guidelines for each section)
- CANS items (all items with space to record responses)

You should also refer to this document:

- Item glossary for ages Birth through Four (a detailed guide to coding each item)

Instructions:

- To complete the CANS, you must be CANS certified by Massachusetts.
For more information on training and certification, visit <https://masscans.ehs.state.ma.us>
- Complete all items, except for those that are explicitly excluded because of the child's age. If you know that it will not be possible to obtain data to complete all items, see below ("Incomplete but Final") for instructions.
- Use the Comment field that follows each section to clarify any item responses where appropriate (for example, when conflicting information comes from different sources, or when none of the available responses conveys the clinical reality) and to add essential contextual information. (Each comment field must contain some response, even if "n/a".)
- Complete and sign the form titled "Identifying Children / Adolescents with Serious Emotional Disturbances".
- When the CANS is complete (response to all items), check it as "complete" and sign and date it on the final page.
- If completion of the CANS will not be possible, (for example, if client did not return to complete the behavioral health assessment) check it as "Incomplete but Final", give the reason for inability to complete, and sign and date it on the final page.
- When final, all the data in "Identifying Children / Adolescents with Serious Emotional Disturbances" and in the CANS become part of the client's medical record.
- CANS information should be updated at the time of each treatment plan review.

For more information and frequently asked questions visit: www.mass.gov/MassHealth/ChildBehavioralHealth

More questions? Email CBHI at: CBHI@state.ma.us

Praed Foundation
Copyright 1999

John S. Lyons, Ph.D.
johnslyonsphd@yahoo.com

Praed Foundation
www.buddinpraed.org
praedfoundation@yahoo.com

(This space for provider use) _____

Clinician Virtual Gateway userid: _____ Clinician Organization/Site: _____

MassHealth ID: _____ Date of Assessment: _____

Client Name (last, first): _____

Date of birth: _____ Race: _____ Ethnicity: _____

Primary Language: _____ Language at Home: _____

Current Living Situation: _____

Assessor Phone Number: _____ NPI: _____

Is this MassHealth-client enrolled in ICC? ☐ Yes ☐ No

Place of Assessment: _____ Level of Care: _____

Identifying Children / Adolescents with Serious Emotional Disturbances¹

Serious Emotional Disturbance (SED) is a term that encompasses one or more mental illnesses or conditions. Whether a member has a SED can be determined by applying either Part I or Part II, below, or both. Identifying a child as having SED is one step in the determination of medical necessity for Intensive Care Coordination. In addition, MassHealth will be tracking SED determinations to guide service system improvements for children and families. Accurate identification of children with SED will assist MassHealth improve services for this population in the future.

A child may have a SED under Part I or Part II or both². All criteria in part 1 and part 2 must be considered and ruled in or out.

Part I:

Please answer the following questions according to your current knowledge of the child or adolescent:

1. Does the child currently have, or at any time in the last 12 months has had, a diagnosable DSM-IV or ICD-10 disorder(s)? Developmental disorders, substance abuse disorders or V-codes are not included unless they co-occur with another DSM-IV or ICD-10 diagnosis.

☐ Yes ☐ No

2. If yes to question 1, please indicate whether those diagnoses resulted in functional impairment which substantially interferes with, or limits, the child's role or functioning in any of the following areas. (Functional impairment is defined as difficulties which substantially interfere with or limit his or her ability to achieve or maintain one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment)

☐ Family ☐ School ☐ Community activities ☐ No functional impairment as defined

3. If yes to question 1, and you checked "no functional impairment as defined" in question 2: Would the child have met one or more of the functional impairment criteria in question 2 without the benefit of treatment? (Children who would have met functional impairment criteria during the year without the benefit of treatment or other support services are included.)

☐ Yes ☐ No

¹ SED = "Serious emotional disturbance"

² The determination that a child meets these clinical criteria is not an evaluation under federal and state laws addressing special education.

(This space for provider use) _____

Part II:

4. Please indicate if the child has exhibited any of the following over a long period of time, and to a marked degree that adversely affects the child's educational performance:

(a) An inability to learn, that cannot be explained due to intellectual, sensory, or health factors.

☐ Yes ☐ No

If yes to (a), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes
☐ No

(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

☐ Yes ☐ No

If yes to (b), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes
☐ No

(c) Inappropriate types of behavior or feelings under normal circumstances.

☐ Yes ☐ No

If yes to (c), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes
☐ No

(d) A general pervasive mood of unhappiness or depression.

☐ Yes ☐ No

If yes to (d), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes
☐ No

(e) A tendency to develop physical symptoms or fears associated with personal or school problems.

☐ Yes ☐ No

If yes to (e), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes
☐ No

5. Please check this box if you identified a functional impairment in question 2 or answered "yes" to question 3 →

☐ **The child / adolescent has SED under Part I.**

6. Please check this box if you checked one or more "no" boxes in the right hand column of question 4 →

☐ **The child / adolescent has SED under Part II.**

Clinician Name, degree (print): _____

Clinician signature: _____ Date: _____

ITEM CODING DEFINITIONS

For **Life Domain Functioning**, the following categories and symbols are used:

- 0 - Indicates a life domain in which the child is excelling. This is a significant asset.
- 1 - Indicates a life domain in which the child is doing OK. This is a potential asset.
- 2 - Indicates a life domain in which the child is having problems. Help is needed to improve this life domain into an asset.
- 3 - Indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an asset.

For **Behavioral/Emotional Needs, Risk Behaviors, Caregiver Resources and Needs, and Acculturation** the following categories and action levels are used:

- 0 - Indicates a dimension where there is no evidence of any needs. This may be an asset.
- 1 - Indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2 - Indicates a dimension that requires action to ensure that this risk behavior or identified need will be addressed.
- 3 - Indicates a dimension that requires immediate or intensive action.

For **Child's Strengths** the following categories and action levels are used:

- 0 - Indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan.
- 1 - Indicates a domain where strengths exist but require some strength building efforts are required in order for these strengths to serve as a foundation for a strength-based plan.
- 2 - Indicates a domain where strengths have been identified, but significant strength-based plan building efforts are required to develop them into the foundation of strength.
- 3 - Indicates a domain in which work is needed in order to identify potential strengths for strength building efforts to begin.

(This space for provider use) _____

LIFE DOMAIN FUNCTIONING

Check	1.FAMILY Please rate the highest level from the past 30 days
0	No evidence of problems in interaction with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including. Responding to infants' non-verbal cues such as seeking eye-contact or pointing.
2	Child is having moderate problems with parents, siblings and/or other family members. Child observes arguing and/or family has difficulty responding to clear cues i.e. crying, putting hands up to be picked up.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing between parents/caregiver, and aggression with siblings. Observing- episodes of domestic violence and/or family generally ignores child's initiations of social contact.

Check	2. LIVING SITUATION Please rate the highest level from the past 30 days
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior or needs at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for or comfort infant.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

Check	3.PRESCHOOL/CHILDCARE Please rate the highest level from the past 30 days
0	No evidence of problem with functioning in current preschool or childcare environment.
1	Mild problems with functioning in current preschool or daycare environment.
2	Moderate to severe problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting creating significant concerns or problems for others.
3	Profound problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

Check	4. SOCIAL FUNCTIONING Please rate the highest level from the past 30 days
0	No evidence of problems in social functioning.
1	Child is having some minor problems in social relationships. Infants may be slow to respond to or engage adults, Toddlers may need support to interact positively with peers and toddlers and preschoolers may be withdrawn.
2	Child is having some moderate problems with his/her social relationships. Infants and toddlers may be unresponsive to adults, or peers, hard to soothe, and show difficulty in focusing on toys in a social situation. Toddlers may be aggressive. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants and toddlers show limited ability to signal needs or express pleasure. Infants, toddlers, preschoolers are consistently withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting themselves or others at risk.

Check	5. RECREATION/PLAY Please rate the highest level from the past 30 days
0	No evidence that infant or child has problems with recreation or play.
1	Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in play or toys. Infant spends most of time not interacting with toys or people. Toddlers and preschoolers even with adult encouragement can not demonstrate enjoyment in "pretend" play.

Check	6.DEVELOPMENTAL/COGNITIVE Please rate the highest level from the past 30 days
0	Child has no developmental/cognitive problems.
1	There are concerns about possible developmental/cognitive delay. Child may have low IQ.
2	Child has developmental/cognitive delays or mild mental retardation.
3	Child has severe and pervasive developmental/cognitive delays or profound mental retardation.

(This space for provider use) _____

Circle one	7. SELF CARE Please rate the highest level from the past 30 days participating in age appropriate routines of daily living e.g. feeding self, washing hands, putting away toys, toilet training and dressing self
0	No evidence of problem with self care.
1	There is either a history of self care problems or slow development in this area.
2	The child does not meet developmental milestones related to self care tasks and experiences problems in functioning in this area.
3	The child has significant challenges with self care tasks and is in need of intensive or immediate help in this area.

Circle one	8. SENSORY: Please rate the highest level from the past 30 days
0	No evidence of sensory problems.
1	There is either a history of sensory problems or less than optimal functioning in this area.
2	The child has challenges in either sensory abilities or processing.
3	The child has significant challenges in either sensory abilities or sensory processing.

Circle one	9. MOTOR Please rate the highest level from the past 30 days
0	No evidence of fine or gross motor development problems.
1	Child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
2	Child has either fine or gross motor skill delays.
3	Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning.

Circle one	10. COMMUNICATION, COMPREHENSION AND EXPRESSION Please rate the highest level from the past 30 days
0	No evidence of communication, comprehension or expression problems.
1	Child has a history of communication, comprehension or expression problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems or comprehension or expression problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child has serious communication, comprehension or expression difficulties and is unable to communicate in any way including pointing and grunting.

Circle one	11. MEDICAL Please rate the highest level from the past 30 days
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

Circle one	12. PHYSICAL Please rate the highest level from the past 30 days
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

Circle one	13. SLEEP Please rate the highest level from the past 30 days The child must be 12 months of age or older to rate this item.
0	No evidence of problems with sleep.
1	Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

(This space for provider use) _____

<i>Circle one</i>	14. FEEDING DISORDERS Please rate the highest level from the past 30 days Child must be older than 18 months to rate this item
0	No evidence that the child has a feeding disorder.
1	Child has a history of feeding issues such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials, but has not done so in the last 30 days.
2	Child has had a feeding issue such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill during the past 30 days by eating dangerous materials or is currently at serious medical risk due to weight or growth issues.

<i>Circle one</i>	15. PARENT/CHILD INTERACTION Please rate the highest level from the past 30 days
0	No evidence of problems in the parent/child interaction.
1	There is either a history of problems or suboptimal functioning in parent/child interaction. There may be inconsistent interactions or indications that interaction is not optimal, but this has not yet resulted in problems.
2	The parent/child dyad interacts in a way that is problematic and this has led to interference with the child's growth and development.
3	The parent/child dyad is having significant problems that can be characterized as abusive or neglectful.

<i>Circle one</i>	16. RELATIONSHIP PERMANENCE Please rate the highest level from the past 30 days . This rating refers to the stability of significant relationships in the child's life. This likely includes family members but may also include other individuals.
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships with any caregiver. Independent living or adoption must be considered.

17. Comments on LIFE DOMAIN FUNCTIONING

--

CHILD BEHAVIORAL/EMOTIONAL NEEDS

<i>Circle one</i>	18. ATTACHMENT Please rate based on the past 30 days
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, e.g. may be hard to sooth, resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants from 9-18 months may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems within attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment pattern of reaching out to adults or are withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

(This space for provider use) _____

Circle one	19. REGULATORY: BODY CONTROL/EMOTIONAL CONTROL: This item refers to the child's ability to be comforted as well as regulate bodily functions such as eating, sleeping and elimination, as well as activity level/intensity and sensitivity to external stimulation. The child's ability to regulate intense emotions (joy, as well as anger and sadness) is also rated here. <i>Please rate based on the past 30 days</i>
0	No evidence of regulatory problems.
1	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2	Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability, such that, consistent adult intervention is necessary and disruptive to the family e.g. transitioning from one activity to another, waking to sleeping, and vice versa. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3	Profound problems with regulation are present that place the child's safety, well being and/or development at risk.

Circle one	20. DEPRESSION <i>Please rate based on the past 30 days</i>
0	No evidence of problems with depression.
1	There are some indicators that the child may be mildly depressed or have experienced situations that may lead to depression. Infants may be observed to be slow to engage or express emotions in a muted way. Older children are irritable or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and are observed to have a flat affect especially the absence of pleasure or joy and with little responsiveness to adults most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis.
3	Clear evidence of overwhelming depression that is disabling for the child in all life domains.

Circle one	21. ANXIETY <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying; demonstrate vigilance in observing caregivers, and/or significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of debilitating level of anxiety and vigilance that makes it virtually impossible for the child to function in any life domain.

Circle one	22. ATYPICAL BEHAVIORS <i>Please rate based on the past 30 days</i> Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.
0	No evidence of atypical behaviors in the infant/child.
1	History or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

Circle one	23. IMPULSIVITY/HYPERACTIVITY <i>Please rate based on the past 30 days</i> The child should be 3 years of age or older to rate this item.
0	No evidence
1	Some problems with impulsive, distracted or hyperactive behavior that places the child at risk of future difficulty in functioning.
2	Clear evidence of problems with impulsive, distracted, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat and is often into things. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space.
3	Clear evidence of a dangerous level of impulsive and hyperactive behavior that places the child at risk of physical harm.

Circle one	24. OPPOSITIONAL <i>Please item should be rated</i> The child should be 3 years of age or older to rate this item.
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. This behavior is persistent and caregiver's attempts to change behavior have failed.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

(This space for provider use) _____

Circle one	25. ADJUSTMENT TO TRAUMA Please rate based on the <i>past 30 days</i>
0	No evidence of adjustment to trauma.
1	The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain.

Circle one	26. ATTENTION: Please rate the highest level from the <i>past 30 days</i>
0	No evidence of attention problems.
1	There is either a history of attention problems or suboptimal functioning in this area.
2	There is clear evidence that the child demonstrates attention problems that interferes with functioning.
3	The child has significant challenges in attention that is causing delay or problems in development.

27. Comments on CHILD BEHAVIORAL/EMOTIONAL NEEDS

--

CHILD RISK FACTORS & BEHAVIORS

Circle one	28. SELF HARM Please rate the highest level from the <i>past 30 days</i>
0	No evidence
1	Mild level of self harm behavior or history of self harm.
2	Moderate level of self harm behavior such as head banging that can not be impacted by caregiver and interferes with child's functioning.
3	Severe level of self harm behavior that puts the child's safety and well being at risk.

Circle one	29. AGGRESSION: Please rate the highest level from the <i>past 30 days</i>
0	No evidence of aggressive behavior.
1	There is either a history of aggressive behavior or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards others, behavior is persistent and caregiver's attempts to change behavior have not been successful.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves the threat of harm to others or problems in more than one life domain that significantly threatens the child's growth and development.

Circle one	30. SOCIAL BEHAVIOR Please rate the highest level from the <i>past 30 days</i> The child should be 3 years of age or older to rate this item.
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behaviors that force adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Social behavior causes problems in the child's life. Child may be intentionally getting in trouble in school or at home.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion from school, removal from the community)

(This space for provider use) _____

Circle one	31. Frustration Tolerance/Tantrumming: <i>Please rate highest level in past 30 days.</i>
0	No evidence of any challenges dealing with frustration. Child does not tantrum
1	Child demonstrates some difficulties dealing with frustration. Child may sometimes become agitated or verbally hostile or aggressive or anxious when frustrated.
2	Child struggles with tolerating frustration. Child's reaction to frustration impairs functioning in at least one life domain. He/she may tantrum when frustrated.
3	Child engages in violent tantrums when frustrated. Others maybe afraid of child's tantrums or child may hurt self or others during tantrums.

32. Comments on CHILD RISK FACTORS & BEHAVIORS	

CHILD STRENGTHS

Circle one	33. FAMILY <i>Please rate the highest level from the past 30 days</i>
0	Family has strong family relationships, and communication is excellent.
1	Family has some good relationships, and communication is good.
2	Family needs some assistance to develop stronger relationships and/or strengthen their ability to communicate.
3	Family needs significant assistance to develop relationships and their ability to communicate, or the child has no identified family.

Circle one	34. INTERPERSONAL <i>Please rate the highest level from the past 30 days</i>
0	Significant interpersonal strengths. Child has a pro-social or "easy" temperament and is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
1	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him-or herself.
2	Mild level of interpersonal strengths. Child may be shy or uninterested in initiating interactions or responding to adults or other children or-if still an infant-child may have a temperament that makes attachment to others a challenge.
3	This level indicates a child with no observable interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.)

Circle one	35. ADAPTABILITY <i>Please rate the highest level from the past 30 days</i>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

Circle one	36. PERSISTENCE <i>Please rate the highest level from the past 30 days</i>
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

(This space for provider use) _____

Circle one	37. CURIOSITY Please rate the highest level from the past 30 days
0	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	This level indicates a child with very limited or no observable curiosity.

Circle one	38. PLAYFULNESS Please rate the highest level from the past 30 days
0	The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.
1	The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play
2	The child demonstrates the ability to enjoy play and use it to support their development some of the time or with the support of a caregiver. Even with this in place there does not appear to be investment and enjoyment in the child
3	The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.

Circle one	39. CREATIVITY/IMAGINATION: Please rate the highest level from the past 30 days <i>Child must be 18 months or older to rate this item. Most relevant for older toddlers and preschoolers</i>
0	The child consistently demonstrates a significant level of creativity. This appears interwoven into their normal routines and chosen activities.
1	The child demonstrates a moderate level of creativity that can be useful to the child. The child could benefit from further development in this area before it is considered a significant strength.
2	The child shows a mild level of ability in this area. Parents and caregivers need to be the primary support in this area.
3	The child does not demonstrate creativity.

Circle one	40. CONFIDENCE: Please rate the highest level from the past 30 days <i>Child must be 18 months or older to rate this item.</i>
0	The child consistently demonstrates a significant level of self confidence. This consistently supports the child in their development and functioning.
1	The child demonstrates a moderate level of confidence that is of benefit to the child. This area could be further developed to consider it a centerpiece strength.
2	The child shows a mild level of ability in this area. Parents and caregivers are the main supporters of the child in this area and the child needs continued development for this to be a significant strength.
3	The child does not demonstrate confidence.

41. Comments on CHILD STRENGTHS

--

(This space for provider use) _____

ACCULTURATION

<i>Circle one</i>	42. LANGUAGE <i>This item includes both spoken and sign language.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention: a qualified individual can be identified within the family's natural support systems.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, but no such individual is available from among the family's natural support system.

<i>Circle one</i>	43. IDENTITY <i>Cultural identity refers to the child's view of his or hers membership in a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity or may have cultural identity, but does not have connections with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

<i>Circle one</i>	44. RITUAL <i>Cultural rituals are activities and traditions, including the celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating specific foods, access to media).</i>
0	Child and family are consistently able to practice rituals consistent with their cultural identity.
1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Child and family are unable to practice rituals consistent with their cultural identity.

<i>Circle one</i>	45. KNOWLEDGE CONGRUENCE <i>This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/help culture (s) perspective.</i>
0	There is no differences/disagreements between the family's explanation of presenting issues, and needs and strengths and the prevailing professional/helping culture(s), i.e. the family's view of the child is congruent with the prevailing professional/helping cultural perspective (s).
1	Small or mild differences between the family's explanation of presenting issues and prevailing professional/helping cultural perspective(s) and these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's explanation of the issue and the prevailing professional/help cultural perspective (s) creates challenges for the family and/or those who work with them.
3	Dramatic disagreement in terms of knowledge between the family and the prevailing cultural perspective (s) places the family in jeopardy of significant problems or sanctions.

<i>Circle one</i>	46. HELP SEEKING CONGRUENCE <i>This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	No evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s) i.e. the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior.
1	Small or mild differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective and these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's helping seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them.
3	Significant disagreement in terms of help seeking beliefs or behaviors between the family and the prevailing cultural perspective that places the family in jeopardy of significant problems or sanctions.

<i>Circle one</i>	47. EXPRESSION OF DISTRESS <i>This item refers to the way family expresses distress in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	No evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural views i.e. family style of expressing distress is congruent with prevailing professional/helping cultural perspective(s).
1	Small or mild differences between the way the family's expresses distress and the prevailing cultural perspective and these disagreements do not interfere with the family's ability to meet their needs.
2	Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) that creates challenges for the family and/or those who work with them.
3	Dramatic disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

(This space for provider use) _____

48. Comments on ACCULTURATION**CAREGIVER RESOURCES and NEEDS**

Caregivers are rated by household. The needs and resources of multiple caregivers are combined based on how they affect care giving.

Caregiver Name: _____ Relationship to Child: _____

<i>Circle one</i>	49. MEDICAL/PHYSICAL Please rate the highest level from the past 30 days
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

<i>Circle one</i>	50. MENTAL HEALTH Please rate the highest level from the past 30 days
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

<i>Circle one</i>	51. SUBSTANCE ABUSE
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

<i>Circle one</i>	52. DEVELOPMENTAL Please rate the highest level from the past 30 days
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges, and they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

<i>Circle one</i>	53. FAMILY STRESS Please rate the highest level from the past 30 days
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

<i>Circle one</i>	54. RESIDENTIAL STABILITY Please rate the highest level from the past 30 days
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

(This space for provider use) _____

Circle one	55. SUPERVISION Please rate the highest level from the past 30 days
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Circle one	56. INVOLVEMENT Please rate the highest level from the past 30 days
0	Caregiver is able to act as an effective advocate for child.
1	Caregiver has history of seeking help for their child. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care.

Circle one	57. ORGANIZATION Please rate the highest level from the past 30 days
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

Circle one	58. SOCIAL RESOURCES Please rate the highest level from the past 30 days
0	Caregiver has significant social network, family and friends who actively help with child rearing.
1	Caregiver has some social network, family or friends who actively help with child rearing.
2	Caregiver has some access to a social network of family or friends who may be able to help with child rearing.
3	Caregiver has no family or social network that may be able to help with child rearing.

Circle one	59. FINANCIAL RESOURCES - This item refers to the income and other sources of money available to caregivers that can be used to address family needs Please rate the highest level from the past 30 day (This item is not applicable to individuals living independently)
0	No difficulties. Caregiver has financial resources necessary to meet needs.
1	Mild difficulties. Caregiver has financial resources necessary to meet most needs; however some limitations exist.
2	Moderate difficulties. Caregiver has financial difficulties that limit their ability to meet significant family needs.
3	Significant difficulties. Caregiver is experiencing financial hardship, poverty.
NA	Not applicable

60. Comments On CAREGIVER RESOURCES and NEEDS

DSM - IV DIAGNOSES:

Circle one	67. PROGNOSIS This item refers to the expected trajectory of the recovery of the child based on their current diagnosis, symptoms and functioning when compared with children having similar diagnostic, symptomatic, and functioning presentations.
0	Behavioral health problems began during the past six months, and there is a clear stressor to which they can be attributed.
1	Behavioral health problems have been ongoing, but can be anticipated to be anticipated within the next year.
2	Behavioral health problems have been ongoing and are anticipated to continue to be a problem for at least another year.
3	Behavioral health problems have been ongoing and are anticipated to continue through to adulthood.

[illegible]

(This space for provider use) _____

69. Summary:

Clinician name, degree (print): _____

Clinician signature: _____

Date: _____

☐ Complete

☐ Incomplete but Final

If incomplete, reason for incompleteness:

☐ Client did not return

☐ Other: _____